

<b>SERIAL NUMBER</b> <p style="text-align: center;">09/314,960</p>	<b>FILING DATE</b> <p style="text-align: center;">05/20/99</p>	<b>CLASS</b> <p style="text-align: center;">358</p>	<b>GROUP ART UNIT</b> <p style="text-align: center;">2724</p>	<b>ATTORNEY DOCKET NO.</b> <p style="text-align: center;">P17947</p>					
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p><b>JUNICHI IIDA, YOKOHAMA-SHI, JAPAN.</b></p>    <p><b>**CONTINUING DOMESTIC DATA*****</b>  <b>VERIFIED</b> <u>None</u>  <u>JP</u></p>   <p><b>**371 (NAT'L STAGE) DATA*****</b>  <b>VERIFIED</b> <u>None</u>  <u>JP</u></p>      <p><b>**FOREIGN APPLICATIONS*****</b>  <b>VERIFIED</b>            <u>JAPAN</u>                            <u>JP10-372959</u>                            <u>12/28/98</u>  <u>JP</u></p>      <p><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/14/99</b></p> </div> </div>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"> Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no  35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance </td> <td style="width:10%;"> <b>STATE OR COUNTRY</b>  <p style="text-align: center;">JPX</p> </td> <td style="width:10%;"> <b>SHEETS DRAWING</b>  <p style="text-align: center;">21</p> </td> <td style="width:10%;"> <b>TOTAL CLAIMS</b>  <p style="text-align: center;">19</p> </td> <td style="width:15%;"> <b>INDEPENDENT CLAIMS</b>  <p style="text-align: center;">6</p> </td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> <p style="text-align: center;">JPX</p>	<b>SHEETS DRAWING</b> <p style="text-align: center;">21</p>	<b>TOTAL CLAIMS</b> <p style="text-align: center;">19</p>	<b>INDEPENDENT CLAIMS</b> <p style="text-align: center;">6</p>
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> <p><b>GREENBLUM &amp; BERNSTEIN PLC</b>  <b>1941 ROLAND CLARKE PLACE</b>  <b>RESTON VA 20191</b></p> </div> </div>									
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p><b>NETWORK FACSIMILE APPARATUS</b></p> </div> </div>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> <b>FILING FEE RECEIVED</b>   <p style="text-align: center;">\$994</p> </td> <td style="width:45%; vertical-align: top;"> <b>FEES: Authority has been given in Paper</b>  No. _____ to charge/credit <b>DEPOSIT ACCOUNT</b>  No. _____ for the following: </td> <td style="width:40%; vertical-align: top;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees (Filing)  <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)  <input type="checkbox"/> 1.18 Fees (Issue)  <input type="checkbox"/> Other _____  <input type="checkbox"/> Credit </td> </tr> </table>					<b>FILING FEE RECEIVED</b>  <p style="text-align: center;">\$994</p>	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit <b>DEPOSIT ACCOUNT</b> No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		
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